

**KEY TO TAPE INFORMATION**  
**MILWAUKEE COUNTY DEPARTMENT OF HUMAN RESOURCES**

(PLEASE PRINT)

1. SOCIAL SECURITY NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

(Refer to Job Announcement for Title Code and Examination Number)

2. TITLE OF POSITION: \_\_\_\_\_ 3. TITLE CODE: \_\_\_\_\_ 4. EXAM NUMBER: \_\_\_\_\_

5. LAST NAME: \_\_\_\_\_ 6. FIRST NAME: \_\_\_\_\_ M.I. \_\_\_\_\_

7. CURRENT STREET ADDRESS: \_\_\_\_\_

8. CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

9. HOME TELEPHONE NUMBER: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
(Area Code)

10. MESSAGE PHONE OR NUMBER WHERE I CAN  
BE REACHED BETWEEN 8:00 AM & 5:00 PM ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
(Area Code)

11. HAVE YOU EVER BEEN CONVICTED OF ANY VIOLATION OF THE LAW OR HAVE ANY PENDING CRIMINAL  
CHARGES OTHER THAN MINOR TRAFFIC VIOLATIONS:  
YES \_\_\_\_\_ NO \_\_\_\_\_ **IF YES, SEE SECTION ON PAGE 2 TO COMPLETE.**

12. DATE OF BIRTH: MONTH \_\_\_\_\_ DAY \_\_\_\_\_ YEAR \_\_\_\_\_

13. SEX (Check One): MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

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14. **RACIAL/ETHNIC DEFINITIONS:** Check the box that most accurately describes your racial/ethnic identity.  
(Select Only One) Please note that, if necessary, verification must be provided by the applicant.

1. \_\_\_\_\_ **BLACK**  
Not of Hispanic origin. Persons having origins in any of the black racial groups of Africa.
2. \_\_\_\_\_ **ASIAN OR PACIFIC ISLANDER**  
Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian  
Sub-Continent or the Pacific Islands
3. \_\_\_\_\_ **AMERICAN INDIAN/ALASKAN NATIVE\***  
Persons having origins of the original peoples of North America and who maintain cultural  
Identification through tribal affiliation or community recognition.
4. \_\_\_\_\_ **HISPANIC**  
Persons of Mexican, Puerto Rican, Central or South American, or Spanish culture or origin, regardless  
of race.
5. \_\_\_\_\_ **WHITE**  
Not of Hispanic origin. Persons having origins in any of the original peoples of Europe, North Africa or the Middle East.

\* Name of Tribe: \_\_\_\_\_  
\* Agency or reservation where tribal enrollment records are kept: \_\_\_\_\_  
Other Comments: \_\_\_\_\_

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15. **Indicate all types of employment you would be willing to accept:**

- FT** \_\_\_\_\_ **FULL-TIME** 40 hours per week with full benefits.
- TE** \_\_\_\_\_ **TEMPORARY** 20 and 40 hours per week for a period of less than one year. Some  
Pro-rated benefits based on work week.
- PT** \_\_\_\_\_ **PART-TIME** 20 and 40 hours per week, may include certain fringe benefits on a Pro-rated basis.
- HE** \_\_\_\_\_ **HOURLY** less than 20 hours per week. Fringe benefits on a pro-rated basis.
- SE** \_\_\_\_\_ **SEASONAL** 40 or more hours per week for an indeterminate period of time. Some pro-rated benefits  
possible for certain positions
- JS** \_\_\_\_\_ **JOB-SHARING** Two employees sharing one position. May or may not be eligible for benefits  
depending upon the work week.

16. What shifts are you able to work? First \_\_\_\_\_ Second \_\_\_\_\_ Third \_\_\_\_\_

17. OTHER NAME(S) USED OR KNOWN BY: \_\_\_\_\_ , \_\_\_\_\_  
(LAST NAME) (FIRST NAME) (LAST NAME) (FIRST NAME)

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CONVICTION

OFFENSE	DATE	CITY AND STATE	FINE OR SENTENCE

PENDING CRIMINAL CHARGES:

ALLEGED OFFENSE	DATE	CITY AND STATE

(ATTACH A SHEET WITH ANY ADDITIONAL CONVICTIONS OR PENDING CRIMINAL CHARGES)

NOTE: CONVCTIONS OR PENDING CRIMINAL CHARGES ARE NOT AN AUTOMATIC BAR TO EMPLOYMENT. EACH CASE IS CONSIDERED ON ITS OWN MERITS. THIS INFORMATION MAY BE VERIFIED THROUGH A POLICE CHECK.

**SPECIAL ACCOMODATIONS:** Persons who are unable to complete the examination in the form presented due to a temporary or permanent physical handicap may be allowed to use a reader, writer or special equipment during the examination. If you have such a handicap, and are unsure of what accommodations can be made, please contact the Department of Human Resources immediately after receiving an Examination Notice so that appropriate arrangements can be made.

The above information is true to the best of my knowledge. I understand that an incomplete answer or false answer to any question on the form may be grounds for not employing me, or for dismissing me after I begin work.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_